

IDAHO STATE DEPARTMENT OF AGRICULTURE  
BUREAU OF WAREHOUSE CONTROL  
2270 OLD PENITENTIARY ROAD  
PO BOX 790  
BOISE, ID 83701  
(208) 332-8660

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**APPLICATION FOR COMMODITY DEALER LICENSE**  
**RENEWAL OF COMMODITY DEALER LICENSE**

**AMOUNT RECEIVED** \_\_\_\_\_  
**STATE NO.** \_\_\_\_\_  
**CLASS** \_\_\_\_\_

The applicant as a condition of the granting of a license, agrees to comply with and abide by the terms of Title 69, Chapter 5, of the Idaho Code and rules thereunder. Upon suspension, revocation or expiration of their Commodity Dealer license, the licensee shall return his Commodity Dealer license to the Idaho State Department of Agriculture.

1. Business name: \_\_\_\_\_

2. Business mailing address: \_\_\_\_\_

3. Business Phone No: \_\_\_\_\_ 4. Fax No.: \_\_\_\_\_

5. Business mailing address in Idaho: \_\_\_\_\_

6. Idaho Phone No: \_\_\_\_\_ 7. Idaho Fax No.: \_\_\_\_\_

8. The applicant is an: ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION ☐ LLC

9. Parent company (if applicable) \_\_\_\_\_

10. Parent Co. Principal business mailing address: \_\_\_\_\_

11. Parent Co.: Phone No. \_\_\_\_\_ 12. Fax No. \_\_\_\_\_

13. Business location address in Idaho: \_\_\_\_\_

\_\_\_\_\_  
COUNTY  
\_\_\_\_\_  
COUNTY  
\_\_\_\_\_  
COUNTY

**INDIVIDUAL**

14. If individual, list name and address: \_\_\_\_\_

**PARTNERSHIP**

15. If partnership, list names and addresses of partners: \_\_\_\_\_

16. If this application is for an individual or a partnership, your business or firm name must be recorded with your County Recorder to comply with Section 53-501, Idaho Code.

County in which recorded: \_\_\_\_\_

## CORPORATION

17. If Corporation, list names and business address of officers:

President	_____	Address	_____
VP	_____	Address	_____
Secretary	_____	Address	_____
Treasurer	_____	Address	_____
General Manager	_____	Address	_____
CEO	_____	Address	_____

18. If corporation, use the **true corporate name** as shown in your **ARTICLES OF INCORPORATION**.

**Corporation name:** \_\_\_\_\_

19. State and date corporate papers filed: \_\_\_\_\_

20. Does the applicant or any of the individuals listed currently have in effect a Warehouseman's or Commodity Dealer's bond, certificate of deposit, irrevocable letter of credit or annuity?

\_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

21. Has the applicant or any of the individuals listed, previously held a Warehouseman's or Commodity Dealer's bond, certificate of deposit, irrevocable letter of credit or annuity?

\_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

If answered **YES** to either of the above, has a claim been ordered collected or actually been collected against the bond, certificate of deposit, irrevocable letter of credit or annuity pursuant to Idaho Code, Title 69, Chapter 2 or 5, or the United States Warehouse Act?

\_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

22. Has the applicant or any of the individuals named above or any stockholder owning at least ten percent (10%) of stock issued by the applying company, been convicted of a felony involving violations of Idaho Code, Title 69, Chapters 2 or 5, or the United States Warehouse Act, within the past three years?

\_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

23. Your fiscal year ends: \_\_\_\_\_

24. Name and address of bank(s) that handle your business account(s).

\_\_\_\_\_

25. **By my signature below**, I certify that I have thoroughly read and fully understand and will abide by the provisions of Idaho Code, Title 69, Chapter 5, and rules thereunder of the Idaho State Department of Agriculture. I further certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected. In addition, any license issued to me may be canceled at any time for the above reasons.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Home Address: \_\_\_\_\_

Signature and Date: \_\_\_\_\_